

# 2018 IHS BASIC SCREENING SURVEY

## DATA COLLECTION FORM FOR CHILDREN 1-5 YEARS OF AGE

### Site Information (TIP: Complete site information then make copies)

Screen Date: <span style="border: 1px solid black; padding: 2px 5px;">  </span> <span style="border: 1px solid black; padding: 2px 5px;">  </span> / <span style="border: 1px solid black; padding: 2px 5px;">  </span> <span style="border: 1px solid black; padding: 2px 5px;">  </span> / <span style="border: 1px solid black; padding: 2px 5px;">  </span> <span style="border: 1px solid black; padding: 2px 5px;">  </span>	Enter date of screening
IHS Area: <span style="border: 1px solid black; padding: 2px 5px;">  </span> <span style="border: 1px solid black; padding: 2px 5px;">  </span>	1=Great Plains    4=Bemidji    7=Nashville    10=Phoenix 2=Alaska    5=Billings    8=Navajo    11=Portland 3=Albuquerque    6=California    9=Oklahoma    12=Tucson
Clinic Name: <span style="border: 1px solid black; padding: 2px 5px;">  </span> <span style="border: 1px solid black; padding: 2px 5px;">  </span> <span style="border: 1px solid black; padding: 2px 5px;">  </span> <span style="border: 1px solid black; padding: 2px 5px;">  </span> <span style="border: 1px solid black; padding: 2px 5px;">  </span> <span style="border: 1px solid black; padding: 2px 5px;">  </span>	Enter name of IHS service unit or tribe/clinic name
Type of Screening Site: <span style="border: 1px solid black; padding: 2px 5px;">  </span> <span style="border: 1px solid black; padding: 2px 5px;">  </span>	1=Medical / well-child clinic    5=Kindergarten 2=Early Head Start    6=WIC 3=Head Start    7=Community events 4=Other preschool (not EHS/HS)    8=Other (write in details)

### Child Information

Date of Birth: <span style="border: 1px solid black; padding: 2px 5px;">  </span> <span style="border: 1px solid black; padding: 2px 5px;">  </span> / <span style="border: 1px solid black; padding: 2px 5px;">  </span> <span style="border: 1px solid black; padding: 2px 5px;">  </span> / <span style="border: 1px solid black; padding: 2px 5px;">  </span> <span style="border: 1px solid black; padding: 2px 5px;">  </span>	Age in Years: <span style="border: 1px solid black; padding: 2px 5px;">  </span> If less than 1 year, enter 0.
Gender (check one): <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race (check one): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Not AI/AN	

### Tooth Status (sound, decayed, filled, sealant, etc.)

*Code primary teeth only. If a primary tooth has exfoliated naturally, code the tooth as "Z" even if the permanent tooth is present.*

A <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	B <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	C <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	D <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	E <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	F <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	G <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	H <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	I <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	J <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>
T <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	S <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	R <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	Q <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	P <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	O <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	N <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	M <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	L <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	K <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>

Treatment Urgency (check one): <input type="checkbox"/> No obvious problems <input type="checkbox"/> Early care needed <input type="checkbox"/> Urgent care needed	
Comments (optional):	
<b>Tooth Status Codes:</b>	<div style="display: flex; justify-content: space-between;"> <div style="width: 24%;">           Codes for healthy teeth:            ✓=Sound            S=Sealant         </div> <div style="width: 24%;">           Codes for caries:            A=Arrested            D=Decayed            F=Filled            C=Crown (due to decay)            X=Extracted due to decay         </div> <div style="width: 24%;">           Codes for missing teeth:            UE=Unrupted primary            Z=Exfoliated naturally            X=Extracted due to decay            I=Missing due to injury         </div> <div style="width: 24%;">           Other codes:            I=Fractured, restored,              or missing because of              injury/trauma            H= Hypoplasia         </div> </div>
<b>Treatment Urgency Definitions:</b>	Urgent care: Needs dental care within next 24-48 hours because of pain or infection. Early care: Needs dental care but does not have pain or infection. No obvious problem: No problems requiring care before next scheduled dental visit.

Always use legible numbers/letters: 1 2 3 4 5 6 7 8 9 0 A C D F H I S UE X Z ✓

**If you have questions contact:** Kathy Phipps, 805-776-3393, [kathyhipps1234@gmail.com](mailto:kathyhipps1234@gmail.com)  
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**Mail completed forms to:** Kathy Phipps, 255 Bradley Avenue, Morro Bay, CA 93442